

MEETING MINUTES

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| Project Name: IPRS | Doc. Version No: 1.0 | Status: Final |
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Meeting Name: IPRS Core Team Meeting
Facilitator: Eric Johnson, DMH
Scribe: Amy Newman
Date: 08/06/2008
Time: 10:30 – 11:30 AM
Location: Wycliff – Conference Room 430

IPRS Core Team Attendees:

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| Gary Imes | Others: |
| Thelma Hayter | Cathy Bennett |
| x Eric Johnson | Sandy Flores |
| Travis Nobles | x Paul Carr |
| x Cheryl McQueen | Theresa Diana |
| Sharlene Bryant | Chris Ferrell |
| Jamie Herubin | x Rick Kretschmer |
| x Mike Frost | Wanda Mitchell |
| x Myran Harris | x Amy Newman |
| x April Taylor | x Dana Jackson |

Attendees:

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| x Alamance-Caswell | x Mecklenburg |
| x Albemarle | x Mental Health Partners |
| x Centerpoint | x Onslow-Carteret |
| x Crossroads | x OPC |
| x Cumberland | x Pathways |
| x Durham | x Piedmont |
| x Eastpointe | x Sandhills |
| x ECBH | x SE Regional |
| x Five – County HMA | x Smoky Mountain |
| x Foothills | x The Beacon Center |
| x Guilford | x Wake |
| x Johnston | x Western Highlands |

Attendees:

Item No. Topics

1. Roll call
2. Please mute phones or refrain from excess activity to help with communications. Please state your name and which “area program” you are from when you speak. **Please do not place IPRS Core Team call on hold because of potential distraction to call discussion.**
3. Upcoming Check-writes (cut-off dates) – August 7, 14, 21.
4. Agenda items
 - **Movement of CAS segment for SSF LME – EOB 8586**
 - **Mapping new CDW race values to CNDS values**
5. IPRS Questions of Concerns
6. MMIS Updates – Dana Jackson
7. DMH and/or EDS concluding remarks
 - For North Carolina Medicaid claim questions / inquires please call EDS Provider Services at 1-800-688-6696 or 1-919-851-8888 and enter the appropriate extension listed below or 0 for the operator.
 - Physician phone analyst (i.e. Independent Mental Health Providers)-1
 - Hospital phone analyst (i.e. Enhanced Service Providers / LMEs) - 2
 - Roll Call Updates

Next Meeting: August 20, 2008

For assistance with IPRS claims, adjustments, R2Web, accessing application, etc.

Call the IPRS Help Desk – 1-800-688-6696, option 4 or 919-816-4355

M-F, 8 a.m.-4:30 p.m., excluding holidays.

IPRS Question and Answer email address – iprs.qanda@ncmail.net

| ADMINISTRATION NOTES (10:30 a.m. AREA PROGRAMS CONFERENCE CALL) | |
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| Item No. | Topics |
| 1. | <p>Roll Call</p> <p><u>Checkwrites</u> Eric - Good morning to everyone, we did not have a checkwrite last week but we do have a checkwrite this coming week, and the cut-off date is tomorrow August 7th as indicated on the Agenda. Are there any questions in regards to the previous checkwrite with the cut-off date of July 24th?</p> <p>No questions. Please take note of the cut-off dates for upcoming checkwrites as noted on the Agenda.</p> |
| 2. | <p><u>Agenda Item:</u></p> <p>There are two new items which will be handled by Cheryl.</p> <p>Cheryl – The first one has to do with the CAS segment (which only affects the Single Stream LMEs) but we had a request that the CAS information that is associated with EOB 8586 always be moved to be the first CAS segment that you received so that your systems could be coded to always see that first. It is something that we can do but before we went ahead and did that we wanted to see if there was any input or opposition to us doing that so that you could code your system to show what the payment would have been if that claim paid. Does anyone have any input/questions about that?</p> <p>Tom – Western Highlands: We are going to have to get back to you .</p> <p>Cheryl – If you have any questions after researching just send them in to Q&A and not to me individually as I am still not fully back as yet. That way we can all take a look at any emails sent in regards to this.</p> <p>Kelly – Durham: The CAS segment – is that in the 835?</p> <p>Cheryl – Yes the 835. Right now say we cut back your payment amount for some reason, let's say because the rates are different, that information usually comes before the 8586. The 8586 CAS information is usually the last thing that is on there so if there are no other cut-backs then it could be the only thing. If there are other cut-backs then it could be second, third or fourth on your CAS segment and what we had was a request to always make it the first thing so that you could easily code your systems and that would always come first. The person who requested this was trying to find that amount and put it as a "paid amount" in their system and was having trouble coding it as it came at different places in the list of CAS information. So if we could make it the first segment then they would be able to code their system that way. Does that help?</p> <p>Kelly – Yes.</p> <p>Cheryl – Well if there is nothing else on that the next has to do with the new CDW race values. To my understanding CDW created these race values but the biggest impact to us is that they split out American Indian and Alaskan Native which used to be combined as one, but they have been split out into two and we have had questions about how the LMEs should handle that. We are not changing the CNDS values , they will remain the</p> |

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| | <p>same. So if on your PCP you receive an “I” for American Indian and a “K” for Alaskan Native, continue to submit R1 on your 834, and then we will take that R1 and map it to the CND5 value. Any questions about that?</p> <p>No questions.</p> |
| 3. | <p><u>IPRS questions:</u></p> <p>Kelly – Durham: A quick question about the Community Support changes. Our providers want to know if IPRS is going to restrict Child Community Support to only 8 hours per week, or is it up to the LME to decide?</p> <p>Eric – My understanding is that there is going to be an 8 hour weekly limit for Child Support.</p> <p>Kelly – Is that date of service driven? And what if we want someone to have more than 8 hours – do we do a PA?</p> <p>Eric – I don’t remember exactly what the communication bulletin stated. Do you have the bulletin with you?</p> <p>Kelly – No, but it did mention some flexibility.</p> <p>Eric – I know there was some flexibility to do with Medicaid because of EPSDT, but to my understanding there is no flexibility in IPRS in regards to that because we don’t deal with EPSDT.</p> <p>Kelly – Then can we do a PA?</p> <p>Eric – With my interpretation of that bulletin, no.</p> <p>Kelly – So for IPRS consumers even if the Provider is authorized to monitor the services , there is no option to provide more than 8 hours?</p> <p>Eric – Based on that document, no. Now, if I am not recalling what that document said correctly then I am stating something incorrectly, but to my understanding the only flexibility is going to be with Medicaid.</p> <p>Kelly – The second question is about rates, specifically with those starting with 99 which are still paying incorrectly. I don’t know if any other LME is having this problem but I have talked with EDS and emailed DMA, had conversations with Eric, but this has been going on since May. The official rate list on the DMA website should be the rates that apply and get copied over to IPRS, but that is not the case; and some of those 99 rates are not paying correctly from the DMA side as well. The response from DMA is that there were no health providers – but there is no specific physician rate schedule for mental health providers out on the DMA website that I can see. It’s almost as if the rates were not updated for our type and specialty in the EDS system.</p> |

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| | <p>Eric – Dana, I can forward you the last email that is one of several between Crystal, Kelly and DMA for rate setting in regards to this issue. But go ahead with any comments.</p> <p>Dana – DMA: Is your question, why weren't your rates published or had they been paying incorrectly?</p> <p>Kelly – The rates are those coming from the DMA website. We are not getting those rates when we send in to IPRS or Medicaid.</p> <p>Dana – And they are applied correctly?</p> <p>Kelly – Correct. I feel almost as if in the EDS system that the rates for the Area Mental Health system was not updated. If the Mental Health Providers a different physician rate for the 99 codes then how am I supposed to know if they are not posted anywhere. This has been going on since May and I don't know if any other LME is having this situation or it has to do with something that happened in May but I think that the system is not paying at the rates that were published.</p> <p>Eric – In the system or are you saying on the website Kelly.</p> <p>Kelly – In EDS. I am going to assume that the physician rates published on the DMA website are correct, and if that is the case then it is not updated in the EDS system.</p> <p>Dana – What is your Provider number?</p> <p>Kelly – 3404922.</p> <p>Dana – In that email which is going to be sent, are there any current examples in there?</p> <p>Kelly – Yes. We were told by Crystal that we were enrolled as a Mental Health Provider. That was the response. So if we are assigned, where is the Fee/Rate Schedule?</p> <p>Eric – Prior to May, which schedule were you looking at?</p> <p>Kelly – Prior to May we went with the rates on the website, but the rates were updated as of May 1, 2008 and it is after that when we started getting the incorrect data.</p> <p>Eric – I understand that you were looking on the website but I am asking which rate schedule were you looking at on the website.</p> <p>Kelly – At the Physician benefits. Because some of the other rates are coming out correctly, but the 99 codes are not.</p> <p>Eric – Dana, also Kelly will be putting some information together, hopefully in spreadsheet layout, which will include the ICNs that she noted are being incorrectly paid, and I will</p> |
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| | <p>forward that to you as well.</p> <p>Dana – Ok, but I don't think her rates would be for Physicians as there is a particular schedule for Mental Health Providers.</p> <p>Kelly – A particular Physicians Fee Service schedule, because the Mental Health Service fee schedule has Nurse Practitioner and CSWs, but we have always been instructed to call it Physicians Therapist.</p> <p>Dana – To make sure that I am giving you the correct answer let me look at the email and see the ones that you feel were paid incorrectly and I will find out if those rates were updated.</p> <p>Eric – Thanks Dana. Are there any other IPRS related questions?</p> <p>Tommy – Sandhills: Reading from the document of Legislative requirements implementation where it mentioned simplifying IPRS and the document stated that this process is done and will be implemented 10/01/2008. Do we know what this is?</p> <p>Eric – We heard about that Tom and to our knowledge that simplification process has not been completed. It has been discussed within the Division and the Workgroup and EDS, and I haven't seen the document you mentioned but I can only say that simplification has not taken place as yet. But we are talking about it.</p> <p>Tom – Ok, thank you. Is there a reduction in the Target Pop group part of that big plan?</p> <p>Eric – To my understanding, yes there will be a change in the number of Target Pop groups. But I can't give you a date.</p> <p>Tom – This may be more for Cheryl, but in reference to timely filing of Single Stream claims for last year; we delivered more Single Stream than we actually had budget for and I know Wanda mentioned at the Finance meeting that the only way we could do that was to do Adjustments. Is this the only avenue to try to adjust those and send them back in for this year where they would be applied to this years Single Stream earnings?</p> <p>Cheryl – That is what I heard was mentioned, yes. I had not talked with Wanda prior to the call for that Finance meeting, so I am not sure if that was after I was off the call.</p> <p>Pam – Sandhills: Cheryl that would take hours and hours to do those adjustments. That is not a simple task as it would take a lot of manpower hours</p> <p>Cheryl – Ok. They are standing out there as a paid claim at this point so they can't just be resubmitted as they would otherwise be considered duplicates.</p> <p>Pam – Actually the Single Stream needs a budget and I know you can't do the budget the way the Federal budget is but the exact amount which is allocated to the LME, could you not use that as a budget amount, then if they go over the amount that's when it would go as out of budget. Could that not be done for this fiscal year?</p> |
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| | <p>Cheryl – We can ask about that.</p> <p>Pam – Some may be concerned about their non UCR and the Single Stream dollars but if they explained all that when they did the settlement that would be ok, but we need to be able to do something to flag the service from showing as being paid when you have actually gone over the Single Stream amount. We have basically lost over \$1.2 million.</p> <p>Tom – It's over a million dollars, and normally in the past we would resubmit that in the following year and get credit for it.</p> <p>Pam – But because its flagged as paid, it would go in as duplicates. There is no way we can manually key in each date of service.</p> <p>Kelly – I agree with that too. It would be nice if the Single Stream allocation was a budget that we actually got the real payment for those claims as it would be easier from an error prospective. It would be much easier all around.</p> <p>Cheryl – So you want to receive payment from IPRS, is that what you are asking?</p> <p>Kelly – Well to receive credit. For the Single Stream.</p> <p>Pam – We actually went over our budget for Single Stream, but you still show them as paid.</p> <p>Kelly – We want it to show that if you got \$5M for allocation and once you have reached that amount then you get denied for budget and when we get new money in our budget then we can report those claims again. As it stands, its going to cost a whole lot of money to resubmit those claims.</p> <p>Pam – On our end to do those adjustments we have to look up each line of service to key it back in and we would have to go into 2 or 3 different systems to get the information as some would come off the 835 and some would have to come out of our system because you have to do the staff and location etc. That is too much manpower. But you actually want claims paid that went beyond our budget.</p> <p>Cheryl – I hear what you are saying but we get our budget information from NCAS and they would have to put a budget in NCAS for you but there is no budget as you are being paid outside of IPRS so I don't think we can have it both ways. But we will take this to the Division and I will ask – however I think the premise is that when you become Single Stream you are responsible for your budget and that responsibility was taken away from us when you became Single Stream. So I don't think you are going to be able to get your money and have us monitor it because we don't have a way of getting a budget for you in our system since you are not being paid by us. But I will take it to the Division and ask if there is a way of putting a budget in NCAS. I think that will be a problem but I will ask for you.</p> <p>Tom – We did get an allocation letter with the Single Stream budget . It is an allocation</p> |
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| | <p>letter with a Federal budget number on it.</p> <p>Cheryl – Yes, but you can't load the information for the Single Stream budget into IPRS as your claims would start getting paid. You can't be paid for those claims since you are being paid outside of IPRS, so you can't have a budget inside IPRS if you are being paid outside or you would be paid twice.</p> <p>Tom – Well, I guess what we are after is trying to get credit for the million dollars that we are over and maybe there is some other way to do that based on your side that if we go over our Single Stream budget that the credit can follow you as if this year I am having a problem earning my Single Stream, it would be nice to have that credit to help me earn that. So maybe there is another avenue that the Division might want to consider.</p> <p>Faye – Mecklenburg: Cheryl in reference to that same issue where you went over the Single Stream amount, would any of those dollars be used for the county revenue that each LME is responsible for reporting?</p> <p>Cheryl – We are still finalizing the process for the county funds. Part of our discussion back then was for excess earnings for Single Stream or out-of-budget denials for non-Single Stream and being able to count those toward the county funds, that is still in development.</p> <p>Jeanna – Mental Health Partners: At the end of last fiscal year there was an opportunity for LMEs to create their own budget codes to use in their funding outside of the box. Has any of that gotten implemented where the LMEs have submitted and have actually gotten thru and are now in place?</p> <p>Eric – We are discussing that in Divisional workgroups, so that is not completely in place. There have been a number of services that have been referred to the Division and are being reviewed. That is the status.</p> <p>Sandy – Crossroads: Are we going to be able to submit the SU modifier for the SA billing?</p> <p>Cheryl – Yes.</p> <p>Sandy – Can we do that now?</p> <p>Eric – No its not completed. Correction, that modification has been put in the system as of last Friday. So at this point you can submit for provisionally licensed providers, you can submit the SU modifier.</p> <p>Deborah – Wake Cnty: Was anything decided about the multi-racial issue (CDW and CND values)?</p> <p>Cheryl – You can still send in an R9 for multi-racial on the 834 and it will be treated like Other.</p> <p>Pam – I want to go back to the Provisional issue. Could you repeat that about the modifier because I thought that we went back to the way we were billing it prior to 07/01,</p> |
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| | <p>like we were billing last fiscal year.</p> <p>Eric – The SU modifier for provisionally licensed providers can be sent on claims for 4 or 5 services, and that was implemented in IPRS last Friday to allow that.</p> <p>Pam – But do we have to use it because the memo that came out didn't state that we had to use the modifier, it said that everything was going to be billed as previously. So do we have to use the SU?</p> <p>Eric – I don't have the document in front of me, but if you want your provisionally licensed folks to get credited for their service then yes, you are going to have to submit the SU qualifier.</p> <p>Pam – I think that there was a memo that we had an option to do one of three different things. That we could do it with the modifier and without the modifier.</p> <p>Eric – Ok, I will look into that. So are you saying that you don't want to send the SU modifier?</p> <p>Pam – No. But we have already based our contracts off that memo so if you are telling us that it is going to deny then we are not going to be able to pay the providers.</p> <p>Cheryl – According to implementation update 44 – Procedure Codes H0001, H0004, H0004HR, H0004HS, H0004HQ, H0005, and H0031 must be billed with modifier SU.</p> <p>Eric – Based on some information I am getting here – if you send in information to IPRS (now I can't confirm for Medicaid) if you send in a claim and it processes in IPRS and it has the SU on it, then it will process. If it does not have the SU on it, then it will process like it did before. Now until there is a rate issue, this is only on the IPRS side for tracking purposes. So to answer your question, it should not deny if you have it on there or you don't have it on there. If it denies, then it may deny for some other reason, but the presence or absence of the SU is not going to make a difference.</p> <p>Jeanna – MHP : On July 10th I had sent a Q&A asking if Division rates would change retro-actively, was DMA going to allow EDS to reprocess the claims they already had for additional payment or would they have to be resubmitted but I have not heard anything back. Does anyone know if they are going to reprocess that for the private providers?</p> <p>Cheryl – What procedure code are you referring to?</p> <p>Jeanna – It's the Physician rate code on a Physician Fee Schedule and there was an update to that which was put in place around April/May but were retro-active to January 1st. So will EDS reprocess the claims so that providers can get the higher rate, or will they have to send in replacement claims so that they can get paid at the higher rate?</p> <p>Eric – I will look on the email Dana as I am not sure if it was forwarded to you or not.</p> <p>Dana – Jeanna, do you remember what particular type of service it was?</p> |
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| | <p>Jeanna – It's the mental health code that physicians bill, the 90862 and the 90801. There was that massive Physician Rate Schedule update, so all those rates were retro-actively put into place. So I have providers who want to know if they are going to have to go back themselves to get that money or will there be a reprocessing of the claim for them to get the additional money.</p> <p>Dana – I can tell you that if it was updated and going to retro back then they would have to be resubmitted. There would be a massive reprocessing of the claims.</p> <p>Eric – Any other Medicaid questions?</p> |
| 4. | <p><u>Medicaid questions:</u></p> <p>Pam – Sandhills: This is on behalf of a Provider. They have a provisional licensed staff that has passed everything and have received their Medicaid number but the provider has to get them under a group number and they said it was taking them at least 3 months and in that time they would like to know how to get the provider's services billed.</p> <p>Dana – Ok. You are saying that the turn-around time is taking a long time?</p> <p>Pam – It has taken 3 months. So they are trying to figure out how to get those services billed.</p> <p>Dana – Once provider enrollment is done and they are assigned a provider number – it sounds as if they are individuals but need a group number as well – once that is done then provider enrollment will send out notification with an effective date and then they can submit the claims.</p> <p>Pam – So they would have to wait that 3-month period before they could bill?</p> <p>Dana – Before they could submit the billing, they would need the number yes. They would need to know the Group number and the effective date to put on the claim.</p> <p>Pam – Ok. I will get back to the Provider.</p> <p>Eric – Are there any other Medicaid related questions?</p> <p>If not we will see you in two weeks.</p> <p>.</p> |